

SUPPORTING INFORMATION FOR ISSUANCE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ACKNOWLEDGEMENT AND CONFIRMATION OF RECEIPT OF RELINQUISHMENT DOCUMENTS

Instructions: Prepare in duplicate; keep copy; send original to California Department of Social Services.
If additional space is necessary, use reverse side.

AGENCY

I. CHILD

Name (Last)	(First)	(Middle)	Birthdate (Month Day Year)	Sex	Birthplace (City State)	Verified
						Yes No

AKAs:

II. PARENT(S) - NAMES (Include all AKA.s)

Mother's Maiden Name	Birthdate (Month Day Year)	Birthplace (City State)

MOTHER			PRESUMED FATHER(S)			ALLEGED NATURAL FATHER (S)		
Last	First	Middle	Last	First	Middle	Last	First	Middle
Social Security Number if Known			List Additional Presumed Fathers			List Additional Alleged Fathers		
If Mother Deceased Show Date of Death			If Presumed Father Deceased Show Date of Death			If Alleged Natural Father Deceased Show Date of Death		
Verified <input type="checkbox"/> YES <input type="checkbox"/> NO			Verified <input type="checkbox"/> YES <input type="checkbox"/> NO			Verified <input type="checkbox"/> YES <input type="checkbox"/> NO		

III. MARITAL HISTORY OF MOTHER

☐ MOTHER NEVER MARRIED

Terminations - Month, Day, Year

Name of Spouse(s) Continue on Reverse Side if Necessary	Marriage			Verified		Final Dissolution	Annulment	Death-Husband	Verified	
	Mo.	Day	Yr.	Yes	No				Yes	No

IV. Check if applicable:

- ☐ Mother and presumed father married and cohabitating and husband not impotent or sterile (per Family Code Section 7540). Therefore, no action taken on alleged natural father.
- ☐ Father meets definition of presumed father per Family Code Section 7611(d); i.e., he received the child into his home and openly held out the child as his natural child.
- ☐ Father meets conditions of Family Code Section 7573 and 7574 by completion of a voluntary declaration of paternity and is identified on the child's birth certificate on or after January 1, 1997.
- ☐ Father meets definition of presumed father per Family Code Section 7576 by completion of a voluntary declaration of paternity or is identified on the child's birth certificate on or before December 31, 1996.

Approved By:

SIGNATURE AND TITLE

DATE

V. Check applicable box for parent relinquishing, waiving notice or denying paternity:

A. Parent competent to sign.	<input type="checkbox"/> Mother	<input type="checkbox"/> Presumed Father	Alleged natural father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
B. Parent is under psychiatric care. (In-patient or out-patient)	<input type="checkbox"/> Mother	<input type="checkbox"/> Presumed Father	Alleged natural father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
Treating or supervising physician's statement attached. Show date of examination on which statement is based.	<input type="checkbox"/> Mother	<input type="checkbox"/> Presumed Father	Alleged natural father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
	_____	_____	_____
	Date	Date	Date
C. Parent is discharged from hospital or psychiatric care. Show date of verification of discharge or termination.	<input type="checkbox"/> Mother	<input type="checkbox"/> Presumed Father	Alleged natural father <input type="checkbox"/> relinquishing <input type="checkbox"/> waiving <input type="checkbox"/> denying
	_____	_____	_____
	Date	Date	Date

VI. Child has Indian ancestry? ☐ Yes ☐ No . If Yes, fill in A, B, C below, as applicable.

A. Bureau of Indian Affairs (BIA) or tribes determined ☐ child is ☐ is not subject to provisions of Indian Child Welfare Act.

B. Reply to AD 4311, Information on American Indian Child (Adoption Program), from BIA or tribes received _____.
(attach copy) Date

OR

C. Previous communication from BIA received _____ (attach copy)
Date
